Name of Agency			[or place logo and agency information		
		A	AGENCY DISCLOSURE NOTICE		
Agency Typ	e: 🗆 Home	Care Place	ment ☐ Home Health Care ☐ Personal Care or No	on-Medical	
as to the respendent Ager	oonsibilities and duties	s of the ager of each. mployer of r	are placement agency is required to provide the consumer, the home care worker, and the consumer regard record for all staff providing direct care services and	ing the	
П Resn	onsibilities	are delinear	ted below:		
Consumer	Worker	Agency			
	,, oluci	ligency	Employer of the home care worker.		
			Supervision of the home care worker.		
			Scheduling of the home care worker.		
			Assignment of duties to the home care worker.		
			Hiring, firing and discipline of the home care worker.		
			Provision of supplies or materials for use in provide consumer.		
			Training and ensuring qualifications that meet the	needs of the consumer.	
			Liability for the home care worker while in the consumer's home.		
Consumer	Worker	Agency	Payment of:		
			Wages to the home care worker.		
			Employment taxes for the Home Care Worker.		
			Social Security taxes for the Home Care Worker.		
			Unemployment insurance for the Home Care Worker.		
			General liability insurance for the Home Care Wor	ker.	
			Worker's Compensation for the Home Care Worker	er.	
			Bond Insurance (if provided).		
			f responsibility have been explained and any questio es held by the consumer, the home care worker and		
Consumer or Authorized Representa			tative:	_ Date:	
Home Care Worker :			Discipline:	Date:	
(if not emplo	oyee or con	tractor to the	e agency where the agency holds full responsibility)		
Agency Representative:			Title:	_ Date:	
Printed Name of Consumer:			Start of Care Date:		